



CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
THOMAS J. DURKIN III
LEIGH ANN MANSBERGER, MD, MPH
SHARON CAMERON
DIRECTOR

Food & Milk Establishment Permit Application

The **Applicant** must be an **Owner** of the Food Establishment, or an **Officer** of the Legal Ownership.

Part I- Food Establishment Name and Location

1. Name of
Establishment _____ Telephone _____

2. Establishment
Location _____

3. E-Mail Address:

4. Mailing Address (if different)

Part II- Type of Establishment (check all that apply)

Retail Food

- < 1000 Sq. Ft.
- 1000 – 10000 Sq. Ft.
- > 1000 Sq. Ft.

Catering

- Mobile**
- Church/Non-Profit Organization**
- Residential Kitchen**

Food Service

- 0 – 50 Seats
- 51-150 Seats
- 151-499 Seats
- > 500 Seats

Farmers Market

- Ice Cream Vendor**
- Temporary (Up to 14 days)**

Part III-Owner of Food Establishment-provide owner's home address if sole proprietor

Full Name _____

Telephone _____ Birth Date _____

Check One

Sole Proprieter _____ Partnership _____ Trust _____ Corporation _____ Other _____

Mailing Address _____ City _____

State _____ Zip _____ Email Address _____

IF APPLICANT IS A CORPORATION

Corporate Name: _____
State of incorporation _____
Date of incorporation _____
Principal office _____
Name/Address of:
President _____
Treasurer _____
Clerk _____

CERTIFIED FOOD PROTECTION MANAGER

Full Name _____ Telephone _____

Food Safety Certification number _____ Expiration date _____

ALTERNATE CERTIFIED PERSON IN CHARGE

Full Name _____ Telephone _____

Food Safety Certification number _____ Expiration date _____

DISTRICT/REGIONAL MANAGER (if applicable)

Full Name _____ Telephone _____

Mailing Address _____ City _____ State and Zip _____

Email Address _____

Part IV-Days and Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

DATES OF OPERATION IF NOT ANNUAL _____

If Food Service Establishment contains 25 or more seats:

Are there one or more persons on duty at all times trained in anti-choking techniques?
Yes _____ No _____

Please provide Name and Expiration Date for all trained employees

Name _____ Expiration Date _____
Name _____ Expiration Date _____
Name _____ Expiration Date _____
Name _____ Expiration Date _____

For Mobile Food Unit

License Plate# _____
Base Name _____
Base Address _____
Base Telephone _____
Location of hand wash/toilet facilities on route _____

Part V- Food Preparation Information

Check all that apply

- The operator prepares, offers for sale, or serves food that requires time/temperature control for safety, only to order upon a consumer's request.
- The operator prepares, offers for sale, or serves food that requires time/temperature control for safety in advance in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency.
- The operator prepares, offers for sale, or serves food that requires time/temperature control for safety using time as the public health control.

___ The operator prepares food that requires time/temperature control for safety in advance using a food preparation method that involves two or more steps which may include combining ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing.

___ The operator prepares food for delivery to and consumption at a location off the premises of the food establishment where it is prepared.

___ The operator prepares food for service to a highly susceptible population.

___ The operator prepares only food that does not require time/temperature control for safety.

___ The operator does not prepare, but offers for sale, only pre-packaged food that does not require time/temperature control for safety.

REQUIRED ATTACHMENTS TO BE SUBMITTED WITH APPLICATION:

1. Integrated Pest Management (IPM) plan
2. Food Safety Certifications
3. Plan for management of grease, fats, and oils.
4. Allergen awareness training certificates
5. Name of vendor for trash removal and frequency of removal
6. Permit numbers for dumpsters

PART VI- Signature

I hereby attest to the accuracy of the information provided in this application and I affirm that I will comply with the Federal Food Code and the State Sanitary Code and all other applicable codes. I will allow the Peabody Board of Health or its agent(s) access to this food establishment and to the records as allowed under the said Codes.

Applicant's Signature: _____ Date: _____

PART VII- Permit Fee Payment is due with application

Fee for Food Permit \$

Payable to: 'City of Peabody'
Mail or drop off: City Hall, 24 Lowell Street, Peabody, MA 01960

Ph: (978) 538-5926

fax: (978) 538-5990

Web Page: www.peabody-ma.gov

PART VIII- STATE TAX CERTIFICATION FORM

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal I.D. Number:

Corporate Name (if applicable):

Corporate Officer if a corporation, or another owner:

Date: _____

FOR OFFICE USE, ONLY

Date Received _____

Dates Inspected _____

Approved By _____